

Creative Support Limited

Creative Support- Cornerstones and Chimney Court

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Creative Support-Cornerstones and Chimney Court is an extra care housing scheme, providing support to people living in their own flats across two sites. Cornerstones has 41 flats and Chimney Court has 56 flats. At the time of the inspection the service was providing personal care to 40 people. Although most people who use the service are older, the scheme also accommodates some younger adults with a mental health diagnosis, learning disability or physical disability.

The provider provides a range of low-level support services for everyone who live at both schemes; whether or not they receive personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

There were robust process and systems in place to keep people safe from the risk of abuse. Potential risks to people were identified with them and relevant actions were taken to ensure their safe management. There were sufficient numbers of suitable staff to support people at all times. People received their medicines safely from trained and competent staff. The registered manager ensured any relevant information was shared with staff following incidents or concerns, to minimise the risk of repetition.

People's needs were assessed prior to the provision of their care, which was based on current legislative requirements and guidance. Staff had the required skills and knowledge to provide people's care effectively. Staff ensured people received the level of support they required in order to maintain a balanced diet. Staff worked well both together as a team and across services to ensure people received effective care, including health care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff treated them with kindness, respect and compassion. A person said, "They are really good, they care. It's not just a job to them, they enjoy it." Staff supported people to express their views and to be involved in making decisions about their care. People's privacy, dignity and independence were respected and promoted.

People received personalised care that gave them choice and control and reflected their needs and preferences. People were encouraged and supported to participate in activities of interest to them and to maintain relationships that were important to them. People were encouraged to raise any issues and these were thoroughly investigated. Staff supported people at the end of their lives.

The service was well managed and well-led. Staff felt valued and confident they could raise any issues. People's and staff's views on the service were sought. People benefitted from the service maintaining strong relationships with other stakeholders including those based on the two sites and external providers and services. Processes were in place to monitor the quality of the service provided and to identify areas for improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 23 March 2018 and this is the first inspection. The services at this location were previously supplied by another provider.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Creative Support- Cornerstones and Chimney Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 6 November 2019 and ended on 7 November 2019. We visited the office location which is based at Cornerstones on both dates and we also visited Chimney Court on the first day.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

What we did before inspection

We sought feedback from the local authority who commissioned the service and two professionals who work with the service, provided feedback. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service about their experience of the care provided and one relative. We also spoke with a volunteer, a housing professional and a visiting health professional. We spoke with six members of staff including four care staff, the registered manager and the service manager.

We reviewed a range of records. This included four people's care records and their medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We received feedback on the service from a sixth health care professional.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff undertook safeguarding training and had access to the provider's safeguarding policies for adults and children, and relevant guidance. The registered manager provided staff with a safeguarding supervision to assess their knowledge. Staff demonstrated a sound understanding of what might constitute abuse and their role and responsibility to report it and how.
- People had access to safeguarding information to keep themselves safe from the risk of abuse and this was provided in an easy-read format if required.
- The registered manager had liaised with the local authority as the lead agency for safeguarding about any concerns raised about people's welfare. When safeguarding concerns had been raised about people's welfare by external services, the registered manager had investigated and co-operated fully and openly to ensure people's safety.

Assessing risk, safety monitoring and management

- People had risk assessments and moving and handling assessments in place and these were reviewed at least annually or sooner if required. People's risk assessments demonstrated they had been consulted about how they wanted risks to them managed.
- Staff ensured control measures were in place to manage any identified risks, such as ensuring people's care was provided by the correct number of staff and with the right equipment. A person confirmed, "There's always two staff to hoist me."
- Records demonstrated staff consulted relevant professionals to seek their guidance about the management of potential risks to people and their guidance was implemented. For example, guidance was sought from the speech and language therapist where people were at risk of choking and this information was shared with kitchen staff.
- Staff recognised they worked in people's own homes and respected their right to take risks. Where staff assessed potential risks to people could not continue to be managed safely within the provision of the two schemes, they brought this to the attention of commissioners so suitable alternatives could be sought.
- The provider ensured the housing association had completed relevant health and safety checks on the environment and people's equipment was safe to use.

Staffing and recruitment

- There were sufficient staff rostered across both schemes to provide people's care in a timely and safe manner. A person told us, "I would press my bell and staff would come quickly."
- People told us they thought there were usually enough staff to ensure they got the care they needed when they needed it. Some staff worked at only one scheme and some worked across the two schemes. Staff

vacancies were covered by the use of the provider's bank staff or regular agency staff and there was an on-going recruitment programme.

- In the working day there were senior staff available on both sites and in the evening and at weekends, there was an on-call system. This ensured staff could seek guidance if required at all times from senior colleagues.
- The provider had robust recruitment processes to ensure only suitable staff were employed. Relevant pre-employment checks were completed to ensure staff's suitability for their role.

Using medicines safely

- People's medicines support needs were assessed and where people required assistance with their medicines, a support plan was in place. People's care plans documented their preferences about how they took their medicines.
- Staff who administered people's medicines had undertaken relevant training and had their medicines competency assessed annually. Staff told us, "Medicines training is very thorough."
- Processes were in place to ensure the safe ordering, transport, storage and disposal of people's medicines. A person told us, "I use a special cream. When it gets low, I ask the carer to get some more and she deals with it." Any risks to people associated with the storage of their medicines in their home were discussed and agreed with them for their safety.
- Staff documented the administration of people's medicines on the pharmacy provided medicine administration record (MAR). We checked people's MARs and found no gaps.
- Staff understood the higher risks associated with some medicines, for example, those used to thin the blood, and ensured these were safely managed for people. There was information for staff regards medicines that had specific instructions, such as if they were to be taken with or after food, which staff understood. This ensured people received their medicines safely.

Preventing and controlling infection

- Staff underwent food safety and infection control training and were provided with plentiful supplies of personal protective equipment. Staff confirmed they wore the equipment provided to ensure the risk of people acquiring an infection was minimised.

Learning lessons when things go wrong

- Staff understood their responsibility to report any concerns, they told us, "We can raise any queries." Any incidents were documented, reviewed by management and relevant actions taken for people to reduce the risk of repetition.
- Staff told us how in response to a person experiencing falls, the person had been reviewed by a physiotherapist and additional equipment provided.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A housing professional from one of the schemes told us how they completed joint assessments with the registered manager. This enabled people to have one holistic assessment of both their housing and social care needs. This also enabled the registered manager to ensure they could meet people's care needs prior to offering them a service.
- The provider's policies were up to date and reflected current legislation and best practice guidance. The delivery of people's care was in accordance with legislative requirements and current standards. The registered manager kept themselves and the staff team up to date with developments in good practice guidance.
- Processes were in place to ensure people did not experience any form of discrimination during the provision of their care. Staff received training both during their induction and as part of their on-going training to ensure they understood the requirements of the Equality Act and how to protect and uphold people's human rights.

Staff support: induction, training, skills and experience

- The provider required new staff to undertake an induction to their role and to complete the care certificate. This is the industry standard induction for staff new to social care. Staff told us they then 'shadowed' more experienced staff at both schemes in order to get to know people.
- In addition to the provider's required training, staff were able to access a variety of additional training relevant to the needs of the people whom they supported. A staff member confirmed they had undertaken training in working with people with a learning disability, to enable them to meet people's needs in this area where required. Everybody thought staff had the correct training to support them.
- Staff told us they felt well supported within their role, through their probation, regular supervisions, observations of practice and an annual appraisal. Staff told us they had also been offered the opportunity to undertake further professional development to enhance their knowledge and skills. A volunteer at the service confirmed they also felt well supported.

Supporting people to eat and drink enough to maintain a balanced diet

- People were able to access the scheme's restaurants which were supplied by the housing provider if they wished for their main meal and could purchase a 'packed tea' of sandwiches if required. Staff collected people's meals for them where they could not access the restaurant.
- People confirmed staff assisted them with the preparation and serving of drinks and snacks in their accommodation as required. We saw staff in the communal areas offered people drinks regularly and these were within their reach.

- People's needs in relation to their diet; fluids and the management of any associated risks had been assessed and documented in their care records. Staff accessed relevant professional guidance for people they identified as at risk from choking or malnutrition and ensured the chef was aware of this information.
- Staff maintained food and fluid records to monitor the intake of people if required. Staff understood people's cultural and religious dietary preferences.

Staff working with other agencies to provide consistent, effective, timely care

- The staff team worked well both together and across services. Processes were in place to ensure staff communicated relevant information about people's care with each other.
- Staff had a good understanding of people's needs and when they changed they ensured timely referrals were made to relevant services. A health care professional from the local surgery told us staff made appropriate referrals and there was a good flow of information. Commissioners told us the service kept them 'well informed' of any issues.

Supporting people to live healthier lives, access healthcare services and support

- The majority of people at Cornerstones chose to register with the local GP practice, who provided an on-site clinic led by a clinician from the practice for people on a fortnightly basis. This was of great benefit to people who could book into the clinic as required.
- Staff supported people as required at Chimney's to see their GP. A person confirmed, "It's all very easy. I just ask [name of registered manager] and she makes the appointment for me."
- Staff ensured people were referred to a range of health care professionals to meet their needs as required. Staff arranged visits by a service to ensure people's eyesight was checked. They supported people to attend hospital appointments or booked transport as required.
- Staff had a good understanding of people's healthcare needs, including those associated with the management of long-term conditions such as diabetes and epilepsy. They also supported people with their oral hygiene needs if required.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff had completed training on the MCA and understood its application to their role. Staff sought people's written consent for the provision of their care. Where people had appointed a power of attorney to make decisions on their behalf about their health and welfare or finances, staff had obtained a copy.
- Staff ensured where people could not consent to a particular decision, they assessed their capacity to make the decision and consulted relevant others to determine what was in the person's best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a caring culture within the service. This was embedded throughout the recruitment and monitoring of staff and encouraged respectful and empathic behaviours. People confirmed staff treated them with kindness. One person said, "I think the atmosphere here is warm, friendly and everybody's very helpful."
- We observed friendly interactions between people and the staff who cared for them. Staff made time for people and showed an interest in them and their welfare. A person's relative told us how new staff were introduced to their loved one so they could develop a rapport before they provided their care.
- Staff knew the people they cared for well, including their preferences and personal histories. A person told us, "There are certain things I like and dislike and they [care staff] know what they are, e.g. they know my morning routine and how I like my breakfast."

Supporting people to express their views and be involved in making decisions about their care

- Staff ensured people were involved in decisions about their care. Their care plans documented their involvement and that of their representatives where they wished for them to be involved. A person confirmed, "Yes, [name of registered manager manager] chats with me, she does the care plan, it's all in the folder." People told us staff asked for their consent before they provided any care.
- People were provided with relevant information to enable them make informed decisions. For example, one person with a learning disability needed support to understand information. Staff had created a personalised pictorial aid to enable them to express when they were in pain and another to enable them to make choices about their meals.
- People said staff listened and acted on what they said. For example, one person told us, "My tea, I like it done a certain way, very strong and not a lot of milk." Another person told us how staff always checked if they wanted anything else done before they left.

Respecting and promoting people's privacy, dignity and independence

- Staff underwent training on how to uphold people's privacy and dignity during the provision of their care. Their adherence to both the provider's expectations and the local authority's 'Dignity Charter' was assessed during observations of their practice with people.
- People told us they were treated with respect and dignity, and their privacy was maintained during the provision of their care. A person's care records noted they needed supervision when eating, but the person confirmed staff provided this support sensitively and ensured they did not feel uncomfortable.
- People's care plans instructed staff about how to support their independence. People confirmed staff supported them to remain independent wherever possible. A person told us, "I make my own breakfast if I

can, but they will help if I can't."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were consulted about their care plans, which reflected their strengths and levels of independence. Most people confirmed they had a care plan and had seen it. A relative said, "We are 100% involved. We regularly come in and chat about it. Staff will phone or email if any changes. [Name of relative] can go to the manager at any time about anything, it's an open door policy." Staff had a clear understanding of people's care needs and were able to describe what support people required and why.
- People's needs were holistically assessed and their care plan reflected all of their care needs. People's care plans documented, 'what I hope to get from this care plan.' People's care plans were regularly reviewed especially following any change in their circumstances to ensure they were up to date and reflected their current needs.
- Staff understood people's preferences, interests and aspirations and used this information to ensure people received personalised care which addressed their needs. For example, one person wanted to attend a day service but felt they could not leave their pet for the day. Another person liked pets, so staff arranged for them to sit with the pet, with support from staff, whilst the other person went to the day service. We observed the person pet sitting, which they clearly adored, enabling the other person to enjoy their activity, both people's needs were met.
- The service was responsive to changes in people's needs, such as in the level of support required. The time of people's care calls was changed if they had another appointment, to accommodate them. Staff had provided extra night care calls for a person living with dementia as their care needs had increased, to ensure their safety, whilst alternatives were explored.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed during their initial assessment and any needs were documented. The service supported a number of people with sensory impairments or a learning disability and information was available to them in accessible formats, such as easy read. Staff had received training in basic sign language to enable them to communicate with one person. We observed staff as they signed to ask the person if they would like a cup of tea. People's records noted if they required assistance reading their correspondence and staff supported them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- There were various activities available at both schemes, which staff encouraged people to participate in where they wished. These included arts and crafts, weekly breakfast club, weekly lunch club, afternoon tea, quizzes and games sessions and pet therapy. In addition a local priest attended both services fortnightly for holy communion. A volunteer supported with groups part-time at both sites. In addition there was a part-time activities role which staff covered whilst the post was filled. Local school children visited both schemes for activities such as gardening and Christmas activities. People had ample opportunities for social stimulation.
- Staff ensured people were provided with information about internal and external activities and supported them to go out into the community if required or arranged community transport.
- Staff ensured they understood people's social networks and who was important to them. People were encouraged to develop and maintain their social contacts. We observed at both schemes people's relatives were comfortable and visited as they wished.

Improving care quality in response to complaints or concerns

- People were provided with guidance about how to make a complaint, and the information was provided in an easy read format where required. People knew who to complain to and felt the management were very approachable. When complaints were made, they were managed effectively, investigated thoroughly and the complainant informed of the outcome.

End of life care and support

- People were asked about their end of life wishes where they were ready to have these discussions. Where appropriate people were consulted by their GP about their wishes in the event of a medical emergency and their wishes were clearly documented and accessible.
- Staff were able to access the provider's end of life training where relevant to the needs of people they cared for. The registered manager told us GP's arranged anticipatory medicines which may be used at the end of a person's life, where required for people, and either community nurses or Macmillan nurses supported people. Staff confirmed they felt well supported by the provider to care for people at the end of their lives.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Everybody knew who the registered manager was, and felt they were listened to. People said: "[Name of registered manager] is a very good manager. She sorts any problem out and she has a nice way with her." People were pleased with the service and one person commented, "The atmosphere is very friendly. We have a laugh; the carers joke with me. I know I can ask for help at any time, I'm glad to be here really."
- The service had a clear vision and values which underpinned the provision of people's care. This was set out in their statement of purpose which was kept under regular review.
- There was a positive person-centred culture, focused on achieving the best outcomes for people. For example, staff had highlighted to commissioners when people's care needs exceeded the care commissioned and they required a higher level of support.
- Staff were motivated and happy and proud of their work. A staff member said there was "good staff morale and teamwork." Staff told us there were strong staff teams on both sites who worked collaboratively to deliver people's care. Staff reported the management team were interested in them and their welfare, which ensured staff also felt cared for and valued.
- The care team was diverse and reflected the local community. The provider had joined Stonewall Diversity Champions Programme, which aims to work with employers to improve the lives of LGBT staff working in services and promote diversity and inclusion in the workforce.
- The registered manager was experienced and had the required skills, knowledge and experience to lead. Staff told us how well-led the service was both by the registered manager and the rest of the management team. They told us; "They are very supportive," and, "They are calm in how they lead." We observed people freely spoke with the registered manager and the management team as they wished.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their legal responsibilities under the duty of candour. They ensured they provided people and their relatives with honest and truthful information about any incidents.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure and staff at all levels understood their role and responsibilities. The registered manager was well supported by the service manager, who was providing additional on-site support whilst one of the care coordinator roles was vacant. This ensured there was sufficient management

support.

- The registered manager had a good understanding of the challenges for the service, for example, on-going staff recruitment and ensured these were managed for people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were able to express their views to the registered manager as they wished, as they had an 'open door' policy to encourage communication. Staff told us they felt at ease raising any issues with the registered manager and reported any issues would be addressed.
- People's views on the service were also sought at reviews of their care and through the quality assurance survey which was sent to people in August 2019. The survey demonstrated a high level of satisfaction with the service. Where people had raised any issues, the provider had reviewed and addressed these wherever possible. For example, care staff had been changed when people made this request.
- There were good links with the local community which ensured people were supported to use local services such as the 'Readibus' which provided transport for those with impaired mobility. Age UK visited weekly with members for activities and lunch in the on-site restaurant. This encouraged socialisation and interaction between people living at the scheme and members of the local community.

Continuous learning and improving care

- There were robust processes in place to assess performance and identify areas for improvement. Observations of staff's practice were used to evaluate the quality of care provided, their competency and standards of record keeping.
- Audits were completed weekly of a sample of people's contact sheets, to check the time their care was delivered and duration were in accordance with their visit schedule. People's medicine administration records were audited monthly for completeness.
- The registered manager completed an annual audit of the service which assessed the service against a range of quality standards. Last year's audit had highlighted some new staff needed to complete their infection control training and this had been completed. The area manager also audited aspects of the service such as medicines, which ensured there was external oversight of the care provided.

Working in partnership with others

- The service worked very well with key organisations to support care provision, service development and joined up care. Commissioners of the service from Social Services, confirmed they had no concerns about the service and they worked well with them. A GP told us there was a good level of contact with their service and the pharmacist.
- The service worked very well both with the housing association who provided people's accommodation and with the other service providers who also provided people's care at the two schemes. A professional from the housing association told us how well the registered manager worked with them to ensure a shared understanding of issues and solutions for people. The registered manager for the other main service provider at the two schemes told us there were very good working relationships between them.
- The registered manager ensured any relevant information was shared with people's permission with other relevant agencies for people's benefit. For example, staff ensured the chef for the restaurant which was provided by the housing association, was informed of people's food preferences and any speech and language therapy or dieticians guidance for people's safety.